

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA

TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Timothy J. Racicot		2. PHONE NUMBER 406-542-8851	3. DATE 04/26/2021	
4. MAILING ADDRESS P.O. Box 8329		5. E-MAIL ADDRESS Tim.Racicot2@usdoj.gov	6. CITY Missoula	7. STATE MT
8. ZIP CODE 59807	9. JUDGE Honorable Donald W. Molloy	10. CASE NAME US v. Matthew Anthony Marshall		
11. U.S. DISTRICT COURT CASE NUMBER CR 20-32-M-DWM		12. COURT OF APPEALS CASE NUMBER		
13. ORDER FOR				
<input type="checkbox"/> APPEAL	<input checked="" type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER - Specify	
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.				
PORTIONS		DATE(S)	REPORTER	PORTIONS
Change of Plea				Closing Argument - Plaintiff
Pre-trial Proceeding				Closing Argument - Defendant
Voir Dire				Settlement Instructions
Opening Statement - Plaintiff				Jury Instructions
Opening Statement - Defendant				Sentencing
Testimony - Specify Witness				Other - Specify
				CIPA Hearing Transcript
15. ORDER				
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED
				Each format is billed as a separate transcript copy.
		Paper		Electronic Specify File Format
30-Day	\$3.65/page <input checked="" type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60 page <input type="checkbox"/>	<input checked="" type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index <input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index PDF <input checked="" type="checkbox"/>
14-Day	\$4.25/page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index <input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index PDF <input type="checkbox"/>
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index <input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index PDF <input type="checkbox"/>
3- Day	\$5.45/ page <input type="checkbox"/>	\$.105/ page <input type="checkbox"/>	\$.75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index <input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index PDF <input type="checkbox"/>
DAILY	\$6.05/page <input type="checkbox"/>	\$.120/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index <input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index PDF <input type="checkbox"/>
HOURLY	\$7.25/page <input type="checkbox"/>	\$.120/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index <input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index PDF <input type="checkbox"/>
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT				
E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.				
Financial arrangements must be made with the court reporter before transcript is prepared.				
I certify that this form has been served on the court reporter this date: <u>04/26/2021</u> Attorney signature: <u>/s/ Timothy J. Racicot</u>				